



**Harrison Central School District
Harrison, NY 10528
Office of Human Resources**

Cancer Screening Appointment Verification Form

Section I: Completed by Employee

Employee Name: _____ Position: _____

Address: _____ School/Dept: _____

This is to verify that the employee identified above appeared at the facility listed below on the specified date and time:

_____ (Name of Facility) _____ (Date) _____ (Time)

Type of cancer screening: _____

(Employee's Signature) _____ (Date)

Section II: Completed by Cancer Screening Facility

The employee of the cancer screening facility who can verify that the cancer screening was completed, as specified above:

_____ (Printed Name of Employee) _____ (Title) _____ (Phone #)

_____ (Signature of Employee) _____ (Date)

_____ (Physician Signature/Stamp)

Completed forms with original signatures/physician stamp must be returned by the employee to:

***Harrison Central School District
Office of Human Resources
50 Union Avenue
Harrison, NY 10528***